MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6		(6)				
7		(1)				
8		(1)				
9		(6)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25	1					
26		1				
27		2				
28		2				
29		2				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38	1					
39		1				
40		1				
41		3				
42		(1)				
43		(1)				
44		(1)				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55		1				
56		1				
57		1				
58		1				
59		1				
60	1					
61		1				
62		1				
63		3				
64		3				
65		3				
66		3				
67		(1)				
68		(1)				
69		(1)				
70		(1)				
71		5				
72		5				
73		(1)				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78		(1)				
79		(1)				
80		(1)				
81		(1)				
82		(1)				
83		(1)				
84		(1)				
85	1					
86	1					
87	1					
88		(1)				
89		(1)				
90		(1)				
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14					
TOTAL DEP.	101					
TOTAL CLAIMS	115					

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

64
21
18
101